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Large Jail Network Bulletin

Annual Issue 1997

LARGE JAIL NETWORK

BULLETIN

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Contents

The *Large Jail Network Bulletin* is prepared by staff of LIS, Inc., for the U.S. Department of Justice, National Institute of Corrections. The purpose of the *Bulletin* is to provide a forum for the discussion of issues and ideas. The contents of the articles and the points of view expressed are those of the authors and do not necessarily reflect the official views or policies of the National Institute of Corrections. Questions or comments should be referred to the NIC Information Center, 1860 Industrial Circle, Suite A, Longmont, Colorado, 80501; (800) 877-1461.

Foreword

This issue of the *Large Jail Network Bulletin* includes a variety of articles on topics which have been addressed at several of the recent Large Jail Network meetings. It is our belief that these articles will be not only interesting to our readers but also useful additions to the resource information that you have previously acquired on these topics.

By now most of you are aware that Michael O'Toole, Chief of the NIC Jails Division, has retired. The Large Jail Network was established by Chief O'Toole in 1989 to help large jails meet the challenge of managing their growing populations. The group began with 67 members and now comprises 106 jurisdictions with average daily populations of more than 1,000 inmates. Through this network, coordinated by the NIC Jails Division, the Institute has fostered information exchange and technology transfer among these facilities by publishing the *Large Jail Network Bulletin* and convening regular meetings of administrators of member jails and jail systems. The success of both the *Bulletin* and the Large Jail Network have been the result of Michael O'Toole's foresight and dedication, together with the interest and involvement of the large jail system administrators.

I would like to thank Mike for his efforts and commitment, which have made the *Bulletin* and Network an effective information exchange.

Finally, I look forward to meeting with you at the January 11-13, 1998, Large Jail Network meeting in Longmont, Colorado, where we will be discussing current legal and other aspects of personnel management.

Richard E. Geaither
Correctional Program Specialist
NIC Jails Division
Longmont, Colorado

Telemedicine in the Detention Environment

by Frank Henn, Captain, Arapahoe County Sheriff's Office, Aurora, Colorado

Inmate health care costs absorb a significant portion of jail budgets. Court decisions in recent years have also prompted increases in the level of care that must be provided to inmates in detention environments. At the same time they look for ways to improve medical services, administrators must also control costs. One approach that has recently gained favor is the move to charge inmates through medical co-pay plans. Another new development is "telemedicine," the provision of health care services through interactive television.

On June 5, 1995, the Arapahoe County Sheriffs Office began supplementing its regular inmate health care with telemedicine services. With almost 2 years of experience, Arapahoe County is satisfied with the results of this initiative and now plans to expand the use of telemedicine services.

Traditionally, jails have been slow to adopt new technology. The prevailing attitude is, "Let someone else try it first; then if it works, maybe we'll try." The Federal Bureau of Prisons has made telemedicine an advanced part of its medical programs as have several state correctional systems, including Virginia's. Despite the use of telemedicine in prisons, however, our inquiries found Erie County, New York, to be the only other county currently using telemedicine in a detention facility. Nevertheless, we believe that within 5 years at least half of the larger jails will be using telemedicine to some degree.

How Telemedicine Works

Telemedicine enables a physician to conduct an examination of an inmate from a distance-just as video court advisement facilitates court appearances from a distance. The inmate is placed in the detention facility's medical exam room, and the physician is located in the hospital "command center" miles away.

Nursing staff who are specifically trained in using this technology facilitate the live televised interaction between the physician and inmate:

- Positioned by the nurse, cameras with close-up capabilities and other diagnostic equipment transfer the necessary information to the physician. The camera can focus on anything from a hair follicle to nodes inside the throat.
- A stethoscope, transmitting to a headset worn by the physician, enables the physician to listen to the patient's heart and lungs.
- Following instructions from the physician, the attending nurse provides information such as whether tender tissue is soft or hard.
- X-rays can also be transmitted from the detention facility to the physician.

Advantages of Telemedicine

Telemedicine offers several distinct advantages over traditional jail medical services:

Access to specialized care.
Telemedicine makes possible a higher level of service because a variety of specialized physicians are available at the hospital command center. A medical history and description of the current problem are reviewed by the physician(s) prior to the telemedicine consultation.

In a traditional setting, on the other hand, a general practitioner comes to the facility, where both chart review and consultation occur. This means that a larger number of inmates must be transported outside the facility for specialty consultations.

Emergency services. Another service enhancement offered by telemedicine is the ability to have an interactive consultation any time of the day. Both the hospital and jail function 24 hours a day. If an emergency consultation is needed, it can be easily arranged. Traditional methods are restricted to the hours when the physician is in the facility. After-hours services require a phone consultation with an on-call physician and, too often, a trip to a medical emergency facility.

Shared use by law enforcement. Additionally, a telemedicine system can be expanded to include the variety of police agencies that transport prisoners to the detention facility. Based on our experiences with litigation and case law, most jails require a medical clearance by the arresting agency for prisoners suspected of having a serious medical need. The cost and time involved in the police agency's visit to an emergency room can be significantly reduced through telemedicine technology. The arresting agency, detention medical staff, and hospital have the potential to communicate jointly through telemedicine to coordinate care of the prisoner.

Physician costs. Physicians serving detention facilities must factor in travel time when negotiating their rates. Telemedicine eliminates travel, which can either result in a cost reduction or in more time devoted to inmate care. Arapahoe County's medical system provides a balance between physician time on-site and consultations via telemedicine. We were able to reduce physicians' on-site visits from 5 to 3 days per week (Monday, Wednesday, and Friday), with telemedicine being used on the other 2 days.

Arapahoe County plans to expand its telemedicine equipment to provide more specialty services. An evaluation of specialty consultations outside the facility revealed an average medical cost of $140, plus $120 for security personnel. On the other hand, specialty consultations via telemedicine cost $75 an hour, and more than one inmate can be seen in that hour.

Security. Every medical transport presents security risks, and every transport avoided through telemedicine eliminates those risks. Telemedicine also removes the possibility of an inmate assaulting a physician or an inmate procuring one of the physician's medical instruments, turning that into a weapon inside the facility.

Efficiency. When a physician is face to face with an inmate in a medical consultation, the inmate can easily stray from the initial complaint. It is difficult for the physician to refocus the conversation, as there is a chance the inmate will become angry or assaultive. There is no such risk during a telemedicine consultation. Because the physician can easily bring the discussion back to the initial complaint, this also results in cost savings. The telemedicine consultation takes less time, which means that the physician can see more inmates during the contracted time.

System Costs

The cost for the telemedicine equipment can be negotiated in various ways. Our costs are incorporated into the fees negotiated with our medical management company. This arrangement makes the management company responsible for the equipment and any replacement.

As a result, the county does not purchase equipment that may soon be outdated by new technology. Instead, the management company leases the equipment and can easily make replacements as technology advances. The telemedicine equipment uses regular telephone lines; the minimal transmission cost is the direct responsibility of the county.

Inmate and Staff Acceptance

We conducted an inmate survey 6 weeks after implementing telemedicine and are currently conducting another. Inmates who participated in telemedicine were divided in their opinions. Half indicated that telemedicine did provide the necessary personal interaction for diagnosis and treatment, while the other half felt cheated because the physician diagnosed and treated without physically touching them.

A number of inmates decline to report for the medical line when their

names are called for telemedicine. Our observation is that those who refuse are not inmates with valid medical needs, but those who use medical calls as an opportunity to leave the cellblock.

Although telemedicine has been used in other contexts for years, we are only now realizing how well it can be adapted to custody environments.

Security staff favor telemedicine over traditional programs because of the time saved in the movement of inmates. Both security and health staff recognize telemedicine for reducing outside transports, decreasing inmates' non-valid health complaints, increasing the number of inmates with valid medical concerns seen by the physicians, and lessening the risks to the physician.

Accreditation Standards

Under Sheriff Patrick Sullivan, Arapahoe County has consistently maintained accreditation by the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), and the Commission on Accreditation for Law Enforcement Agencies (CALEA). When contracting with Medical Development International (MDI) for medical management and telemedicine, our directive was that telemedicine services must fit into the requirements of NCCHC accreditation.

Our inquiries to NCCHC determined that telemedicine was new territory for them. MDI met with NCCHC, and we all worked together to ensure that protocols complied with NCCHC standards.

Although telemedicine has been used in other contexts for years, we are only now realizing how well it can be adapted to custody environments. The ground is broken, as telemedicine is now being used effectively in federal and state corrections facilities and in county detention environments.

In addition to telemedicine, interactive television can also be used to provide:

- The continuing education units (CEU) needed for medical staff to retain certification;
- Staff training;
- Programs for inmates, including anger management/conflict resolution; and
- Visitation.

Approximately 25 percent of the Arapahoe County inmates requiring medical treatment are diagnosed through telemedicine. This use of telemedicine reduces costs, enhances services, and augments security. We anticipate that other county detention facilities will begin using telemedicine in the next few years. Whether your jail is located in a rural or urban setting, the benefits are significant.

For additional information, contact Captain Frank Henn, Arapahoe County Sheriff's Office; telephone (303) 649-0903. ■

Why Aren't There More Jail Industry Programs? Overcoming the Obstacles

by Joseph T. Trevathan, Assistant Deputy Superintendent, York Street Industries, Hampden County Correctional Center, Ludlow, Massachusetts

One of the challenges that well-managed institutions face is the need to keep inmates productively occupied. Achieving productive inmate activity reduces the idleness that often causes boredom, discontent, and frustration-any of which may, in turn, result in disciplinary problems.

One way to keep inmates engaged is through jail industry programs in which inmates work in factory-like settings inside correctional facilities. Because there are usually fewer jobs than inmates to fill them, competition for these scarce jobs may also tend to encourage continued good behavior so that an inmate may qualify for them.

Moreover, if our goal is to prepare inmates for successful reintegration into the community, they must learn how to work to enable them to make a smoother transition to the real world of work. Productive inmates can learn also good work habits that may help keep them out of jail in the future.

Another benefit of an industry program is that it can generate funds to help offset the costs of incarceration. Industries can also manufacture some of the items currently purchased from others, resulting in cost savings, shorter delivery times, savings of shipping charges, and the flexibility to provide custom services that might not otherwise be available.

Industry programs are also good public relations. People like to see inmates working and are more likely to be impressed with a facility in which inmates are working than with one where they are hanging around.

Recently I have noticed many references to the advantages of industry programs, including the indication that inmates who have been involved in industry programs while incarcerated tend to do better after they are released than those who did not participate.

If jail industry programs are so beneficial, why aren't more jails involved?

If jail industry programs are so beneficial, why aren't more jails involved? I believe that it is the fear of the unknown that inhibits those who might be interested in developing industry programs for their institutions.

Some of their fears are:

- What if an inmate gets hurt on the job?
- What if an inmate stabs someone with a tool?
- What if we get sued?

Certainly these are valid concerns which must be considered, but they should not prevent an institution from considering an industry program without objectively evaluating its possibilities.

Jails are experts at security but not necessarily at running a business with inmates as the workers. Can the two mix? It is my hope that, after reading this article, you will agree that they can.

If you are considering an industry program, you are not alone. For the past decade programs have been successfully operating within institutions similar to yours. I would like to share my ten years' experience with York Street Industries, the correctional industry program of the Hampden County Sheriff's Depart-

ment, with the hope that it might be helpful to you. There are other programs with similar track records that could also share how they have addressed the following key issues.

Inmates with Tools

Most administrators fear that if you give inmates tools, they will kill or maim each other, harm staff, or at least smuggle the tools back to their living units. In fact, this is the most important security issue related to jail industries and it *must* be handled properly.

- Tools should be put on shadow boards, behind locked doors in a secure area, to make it readily apparent when a tool is out of place.
- There must be a very tightly controlled inventory and sign-out system so the tools are accounted for at all times.
- No inmate movement in or out of the work area should be permitted until all tools are accounted for and secured at the end of the work period.
- Metal detectors, pat searches, strip searches, and spot cell checks should be used.
- Finally, there should be a zero tolerance policy for any hint of inmate aggression in the industry area, whether tools are involved or not.

All these safeguards are needed, in addition to a vigorous screening and classification process to clear all inmates who will participate in the program. Nothing is fail-safe, but these steps should result in a safe, secure, work environment.

In 10 years of experience in Hampden County, we have had no incidents of aggression in which tools were used as weapons, nor have there been any incidents against industry staff. There have been a few verbal exchanges between inmates, which resulted in disciplinary action or their termination from the program, but no major incidents have occurred.

Inmate Injuries

Another common concern is what will happen if an inmate is injured while working in an industry program. In terms of minor injuries, this is easy to answer. The institution is responsible for the care and custody of any inmate while he is incarcerated, and this responsibility continues in the industry work place. Therefore, it is imperative that the inmate be trained and instructed in proper shop safety and not be negligently exposed to any unsafe conditions.

In addition to providing proper training, staff must monitor and enforce good safety practices. They must also document the training provided on the various shop tools and equipment used by the inmates.

Small nicks and scrapes are a fact of life and can usually be handled in the shop with Band-Aids, but care should be taken to ensure that all larger injuries are acknowledged, treated, and documented. It is unlikely that you will ever have to deal with a major injury. However, in the unfortunate case that such an injury does happen, documentation will be extremely important because the outcome is quite likely to be determined in court.

During the 10 years of our program's existence, we have had no major inmate injuries. There have been some cases of a stapled finger, objects dropped on a foot, and minor cuts from sharp tools, all of which were treated within our facility. Some injuries also required a precautionary tetanus shot.

My guess is that there are usually more "sports-related" inmate injuries within an institution than "work-related" ones. However, accidents do happen and should be anticipated. A well-planned program must include procedures for documenting and treating injuries as well as ongoing efforts to prevent them.

Problems with Area Businesses

Your institution does not exist in a vacuum, and its administrator may be an elected official who is acutely aware of the concerns of the community. You have an obligation to respect these concerns and to deal fairly with your community.

Every action should be taken only after considering its possible impact on the surrounding community. In determining your jail industry products and services, you should look For niche markets that will have a minimum impact on outside businesses.

Again, the problem is often fear of the unknown. Unless they understand what you do and what your policies are, the people of the community may be concerned that you are taking away jobs from private citizens. It is up to you to make sure they are properly informed. Invite them in, ask them to serve on your advisory board, and consult them before you even begin a program.

Although we have not had any problems with local businesses, Hampden County Sheriff Michael Ashe and I have been invited to attend meetings with local labor unions to respond to their concerns and to update them on new developments.

Organized labor was represented on our initial advisory board, but the board changed over the years, resulting in a period when we had no labor representation. Union representatives were subsequently invited to join, and they currently serve on our advisory board. We are attuned to our community and act accordingly.

There are many other factors to consider before starting an industry program, but my intent in this brief article has been to address some of the most crucial ones. If you have been considering an industry program in your facility, I would encourage you to take advantage of the many resources available to you and go for it.

Easy? No. Attainable? Yes. With hard work, the right staff, a certain amount of risk, and the proper entrepreneurial spirit, it can be done.

For more information, contact Joseph Trevathan, Director of Correctional Industries, York Street Industries, Hampden County Correctional Center; telephone (413) 547-8349. ■

Sources for Additional Information

- Jail Industries Association, c/o American Jail Association; (301) 790-3930.
- Correctional Industries Association, Bureau of Justice Assistance PIE Clearinghouse; (410) 465-1838.
- BJA Jail Work and Industry Center, CRS, Inc. (grantee); (301) 977-9090.
- National Institute of Corrections Information Center; (800) 877-1461.
- Prison Industry Enhancement (PIE) Coordinator, Correctional Industries Association; (2 15) 242-9520.
- Bureau of Justice Assistance; (202) 514-6236.
- National Institute of Justice; (202) 514-6205. ■

National Center is Source for Information on Jail Technology

by Mike McGee, Manager of Outreach Programs, National Law Enforcement and Corrections Technology Center, Rocky Mountain Regional Office, Denver, Colorado

In 1994, Attorney General Janet Reno announced the creation of the National Law Enforcement and Corrections Technology Center (NLECTC). Organized as a program of the National Institute of Justice (NIJ), the Center functions as a clearinghouse to help law enforcement and corrections agencies obtain information regarding appropriate technology.

Attorney General Reno acknowledged the need for a voice at the national level to increase support for state and local justice agencies' acquisition and use of technology. She noted that among the concerns driving the creation of the new program were:

- The absence of a single, unbiased source of technology information for law enforcement and corrections;
- The reality that most agencies cannot afford extensive planning and research units:
- The lack of a centralized procurement agenda; and
- The absence of a major industry specializing in the manufacture of such equipment.

Attorney General Reno pointed out that there is a huge technology infrastructure already in place, paid for by U.S. taxpayers, to respond to the needs of corrections and law enforcement. Because the Departments of Energy and Defense and other federal agencies need some of the same equipment as Justice agencies, a large cost savings can be realized by working together. Leveraging existing resources can keep the cost of the technology within the budgets even of smaller agencies.

NLECTC's Role

Collecting information in the form of publications and reports, catalogs, vendor/manufacturer data, and other material is a central focus of the National Law Enforcement and Corrections Technology Center. And, in addition to providing agencies with objective information on new equipment and technologies, the NLECTC assists in locating surplus government equipment that may be available for reassignment.

Although the NLECTC emphasizes emerging technologies, staff also encourage agencies to analyze existing technologies, tools, and equipment to be sure that more effective or innovative uses are not being overlooked. Technologists know that corporate giants with huge research and development budgets are not the only source of promising new technology for law enforcement and corrections. Hundreds of small, private companies-even garage workshop inventors-are submitting exciting new technologies for testing and evaluation. These technologies may well be within the grasp of corrections agencies' budgets because fewer dollars are required for their development.

A National Law Enforcement and Corrections Technology Advisory Committee and other regional advisory boards comprised of officials from all areas of the criminal justice community provide program direction to the National Law Enforcement and Corrections Technology Center.

Organized as one national center with regional offices, NLECTC has five locations. Four centers represent geographical areas of the nation, and one has specific responsibility for border issues. Each center also focuses on specific aspects of technology, although contact with any

office will bring answers to questions on any topic. Constituents will find staff at any center eager to assist with any questions or information within the scope of the entire program's mission.

For example, staff can provide information on what are referred to as "best practice exemplars," agencies using a technology in a particularly effective way and willing to share their experiences with others. In many cases, referrals are made to other agencies that may also provide assistance in fulfilling a request for information.

More than 25,000 agencies are served by the NLECTC. Services and resources are offered at no cost to state and local agencies.

NLECTC Vision -

- To support technology-based solutions that will enhance the safety, efficiency, and effectiveness of the law enforcement and corrections mission.

NLECTC Mission -

- To facilitate the identification, development, manufacture, and adoption of new products and technology that will serve to enhance the operational capability of the state and local law enforcement and corrections agencies we represent.
- To be a competent and reliable source of information and assistance to our constituents regarding available technology.
- To foster beneficial relationships with our constituents that support an understanding of needs and requirements of their technology.

NLECTC Goals -

- Provide research and technology capability in our focus areas of communications and information systems, explosives detection, crime mapping and ballistic threat assessment.
- Provide a capability for multi-disciplinary involvement by employing the resources of the University of Denver and other appropriate sources of technical assistance.
- Support other focused technology initiatives which may result in the successful development of beneficial technology. ■

What's New in Jail Technology?

New technology is always exciting to learn about, but written descriptions rarely can convey the complexity of effort and the tremendous resources needed to support successful introduction of a new product. Following are some of the new technologies that are potentially useful to jails and are currently in the R&D pipeline:

- Enhanced information tracking of offenders, especially juveniles.
- National on-line offender information system.
- Inmate psychological testing/ screening systems.
- Automated motion detection systems not requiring continuous monitoring.
- Digital photo systems.
- Drug detection and screening devices.
- Smart card applications.
- Easier access to Internet technologies.
- Enhanced control systems for technology operations
- Fingerprint and eye/retinal scan systems for positive ID and drug detection.
- Automated and easier access to inmate medical records.
- Effective soft restraints.
- Effective, affordable, and portable weapons and contraband detection systems.
- Anti-terrorism technology for institutional security.
- Improved security systems for transportation of offenders.

- Noninvasive body-cavity search systems.
- Aqueous foam for non-lethal control.
- Laser emitting prisoner incapacitation devices for safe situation control.
- Electronic GPS driven monitoring systems for work release inmates.
- Video teleconferencing systems for inmates and visitors.
- Telemedicine systems for remote diagnosis in medical services.
- Puncture-proof soft body armor for institutional staff use.

As you can see, there are a number of initiatives in place. Some of these technologies are already being site-tested and are nearing the end of the development phase; they will soon be available. Others . . . well, we will need to wait and see what develops. If you would like information on any of these technologies, contact a regional office. (See box, below.) The complete information resources of NIJ/NLECTC can be accessed through any regional center.

In addition, if you have an idea for something that would make your job easier, safer, or more efficient, Center staff would like to hear from you. Over the next several months, NLECTC staff will be attending local, state, and regional meetings in an effort to make agencies aware of our program resources. If your agency has a meeting or seminar coming up, and you would like an NLECTC staff member to attend and/or conduct a presentation, please call us.

Contact the Center by phone at (800) 416-8086 or e-mail at mmcgee@du.edu, or visit our web site (http://rmlectc.dri.du.edu). ■

NLECTC's Sites and Speciality Areas

Rockville, Maryland - National center providing administrative support, conferences, testing and publication services including JUSTNET web site at: http://www.nlectc.org; (800) 248-2742.

Northeast Region - Weapons and contraband detection, sensors, and covert tagging and tracking; (800) 338-0584.

Southeast Region - Surplus property, smart card and other corrections technology; (800) 292-4385.

Rocky Mountain Region - Communication and information systems interoperability, ballistics properties and survivability, GIS/GPS crime mapping and explosives detection; (800) 416-8086.

Western Region-Forensic analysis, computer crime, vehicle stopping devices, and counter-terrorism; (310) 336-2222.

Border Research and Technology Center - Interdiction technology, night vision equipment, and portable radios; (619) 685-1491.

Other Specialized Offices Related to the NLECTC

- The **Office of Law Enforcement Technology Commercialization** (OLETC) helps inventors and developers bring relevant new technologies to market. OLETC offers guidance to anyone seeking such assistance and is located in Wheeling, West Virginia; telephone (800) 678-6882.
- The **Office of Law Enforcement Standards** (OLES) develops measurement methods and techniques for voluntary national performance standards on technology; telephone (301) 975-2757. ■

HIV Management in a County Correctional Institution

by Mary C. Krug, R.N., M.S.N., N.P.C., in collaboration with Jacqueline A. Barnes-McMillan, M.P.A., Monmouth County Correctional Institution, Bergen, New Jersey

CASE STUDY: M.V. is a 44-year-old male who entered the Monmouth County Correctional Institution (MCCI) in early April with a diagnosis of HIV. After a 20-year history of injectable drug use (IDU), he was found positive for the human immunodeficiency virus (HIV) in November 1996.

Mr. V. had recently been evaluated at a local clinic and started on zidovudine and lamivudine, two antiviral agents often used in treating HIV. Baseline laboratory work done by the clinic found his CD4 count to be 42 cells/mm^3 with a viral load of 49,340 copies/ml. One week after starting drug therapy, when his viral load was again measured, it had decreased to 16,550 copies/ml.

On arriving at MCCI, Mr. V. was screened by the nurses and placed on priority for a medical evaluation because of his medical history. At that time he was complaining of headache and blurred vision, which were believed secondary to the antiviral agents. After ascertaining that this inmate would be with MCCI for a significant period, staff did additional routine lab work and made an appointment for him to be evaluated by an optometrist for his blurred vision. Lab results revealed a CD4 count of 63 cells/mm^3 and viral load of 489 copies/ml.

Recent studies and therapeutic trials have clarified the relationship between the level of viral load and likely clinical outcome. Prognosis is improved when the viral load can be reduced to below 500 copies/ml and sustained at that level for more than 1 year. This inmate's lab results indicated a substantial reduction in viral load from baseline levels, and he was brought back to the facility's medical department to discuss these findings.

Mr. V. was informed that although a headache is a common adverse effect of zidovudine, it often subsides with time. He was instructed to take acetaminophen for the headache as needed and, because of the promising lab findings, encouraged to continue the antiviral medications. He was also placed on Bactrim DS, an antibiotic, to prevent pneumocystis pneumonia (which is indicated for those with a CD4 count below 200) and on Ensure, a nutritional supplement, one carton every evening. A repeat lab test was ordered for 1 month later.

The visit to the optometrist revealed possible cytomegalovirus in the right eye and uveitis in the left, common opportunistic infections seen in people with HIV. A retinal specialist confirmed this diagnosis, and the inmate was placed in the special needs housing unit for treatment.

This case is one example of how MCCI manages HIV-infected inmates. As the number of individuals with HIV continues to grow, correctional institutions will be faced with the challenge of providing comprehensive, specialized medical care to these individuals. Recent trends have shown an increase in HIV transmission through drug injection and through heterosexual activity. The highest case rates for IDU transmissions are in the Northeast, but the greatest rate of increase is seen in the South.

The current trend in antiviral drug therapy is "hit them hard and hit them heavy."

HIV Incidence Among Monmouth County Inmates

Over the past 3 years at MCCI, we have tested an average of 320 inmates each year. The number of new seroconverters identified has decreased over that time: from 50 in 1994, to 40 in 1995, and to 18 in 1996. However, our monthly census remains constant at about 50 HIV-positive inmates in various stages of HIV disease.

During the intake physical assessment, our medical team encounters at least one person each week who has previously tested positive for HIV. All high-risk inmates-that is, those with a previous history of IDU, prostitution, homosexual encounters, or heterosexual encounters with multiple partners-are counseled and strongly encouraged to be tested for HIV.

Components of the MCCI Program

MCCI's program for HIV-positive inmates incorporates medical treatment, education, counseling, prevention, and continuity of care. It is managed through a team approach and has strong support from the jail administration. Our goal has been to offer options for therapy and education to jail inmates, many of whom are in high-risk groups.

Medical treatment. Inmates who arrive at the jail with a diagnosis of HIV are maintained on their current drug regime if they are responding to it. An effort is made to obtain medical records from previous health care providers, so that trends in laboratory results can be tracked and drug regimens changed appropriately. Our medical department provides routine follow-up care.

Newly diagnosed inmates receive baseline laboratory evaluations, and immunizations are also updated at this time. Hepatitis B status may be determined and immunizations offered, if appropriate. HIV+ inmates with CD4 counts less than 200 copies/ml are given a vaccine to prevent pneumococcal pneumonia. We may also give a flu vaccine in the fall. Female inmates are encouraged to undergo a routine gynecological exam, including cultures for chlamydia and gonorrhea as well as a PAP smear. Treatment is then based on clinical and laboratory findings.

All symptomatic inmates (those with recurrent mucosal candidiasis, oral hairy leukoplakia, chronic and unexplained fever, night sweat, and weight loss) are recommended to begin therapy, as are those with a CD4 count below 500 copies/ml and HIV- 1 RNA more than 30,000 to 50,000 copies/ml. Therapy is considered for those with more than 5,000 to 10,000 HIV-RNA copies/ml.

Inmates are re-evaluated every 4 to 6 weeks. Drug therapy may be changed if treatment failure, drug toxicity, intolerance, or nonadherance are found, or if a sub-optimal treatment regimen (e.g., a single drug therapy) is being used.

The current trend in antiviral drug therapy is "hit them hard and hit them heavy." Three drug regimens using newer protease inhibitors have shown great promise in reducing viral load, increasing CD4 counts, and improving clinical outcomes. The most potent drug regimen-two reverse transcriptase inhibitors with a protease inhibitor-is prescribed initially, if the inmate agrees.

We are currently devising a contract that would require the inmate to demonstrate an understanding of the need for drug compliance. We have found that some inmates are only taking the evening dose of the antiviral agents, and one inmate has been caught hoarding the medications for later sale on the street. By educating inmates to the fact that interruption of drug therapy increases viral resistance to the medication and by requiring them to participate in a contractual agreement, we hope to decrease the incidence of noncompliance. Non-compliant inmates may risk losing the privilege of receiving drug therapy.

Education. Education is a vital component of any HIV program. MCCI's HIV counselor has a twofold mission:

1. For inmates who are HIV-negative, to provide educatation about HIV/AIDS, encourage testing, and develop prevention strategies.
2. For those who test positive, to provide education about HIV, in addition to developing strategies to empower them as they live with HIV.

In providing these services, compassion is key, but it is difficult to offer compassion to a manipulative and angry individual who has just been found to be HIV positive. "Well, first you do a lot of listening. Then we work on how to live with HIV from that particular inmate's frame of reference," says Jackie McMillan, MCCI's HIV counselor.

Our educational program focuses on HIV awareness for both inmates and staff. Once each year the staff attends a 2-hour session that gives an overview of HIV, the virus, its transmission, and prevention.

A modified program is presented to inmates over a 3-day period, with a l-hour workshop each session, for which participants receive a certificate of attendance. Those who participate in the workshop study materials together for their final quiz, and they recommend other inmates who would benefit from the workshop. By working together, the inmates actually educate themselves, with Jackie acting as proctor/group leader and facilitator.

Counseling. HIV-positive inmates are seen for counseling individually as needed, usually once every 4 to 6 weeks. MCCI has also recently approved an HIV support group that meets weekly to address issues related to living with HIV, including medications, benefits, housing issues, and understanding HIV disease. The group also addresses life-skills training aimed at helping inmates develop ways to cope with life after release from the institution.

A recent statement by an inmate suggests the program's success: "I've been attending the anonymous group meeting for my third week now. I find it to be very inspirational, extremely educational, and in no way misleading. And our group leader is extremely wonderful."

Continuity of care. Another important aspect of any HIV program is ensuring continuity of care. Most Monmouth County inmates are cared for at one area HIV clinic.

After visiting that facility and speaking with a nurse administrator and a social worker, MCCI medical staff devised a plan to facilitate the flow of information from the jail to the clinic and vice-versa: all HIV-positive inmates who are seen at the jail clinic receive a copy of recent lab work and other tests when they are released from jail, as well as a summary of their medical and medication history. They take these records with them to the local clinic. If needed, MCCI staff schedule an appointment for clinic follow-up.

This coordinated approach prevents duplication of testing and helps maintain continuity. The medical director and jail administrator of our facility are currently working on a policy that will allow inmates to take a limited supply of medications with them upon release to last until follow-up care is arranged.

Terminal AIDS inmates. Although a special needs area is available within our facility to house inmates suffering from terminal AIDS-related illness, we know that a correctional institution is not the best place to be when extensive nursing care is required. Placement elsewhere is difficult, as inmates often do not qualify for public assistance. Working closely together, MCCI's social service department, the county prosecutor's office, and area agencies are developing a plan to address this issue.

Ongoing Issues in the Corrections Response

There are still many medical and ethical issues surrounding the care of a person with HIV. Because of the nature of the disease, specific treatment decisions are often difficult.

Adding to this are other issues specific to the correctional setting:

- How do we provide continuity of care for individuals who may only be present in the institution for a limited period of time?
- How do we provide the expensive, often non-formulary list of medications that are required to provide a state-of-the-art therapeutic program?
- What kind of care can we provide to the "revolving door" inmate who leaves, only to return again with the same drug addiction problem and without having sought medical care while on the street?
- How can we provide the extensive care required by an inmate with end-stage AIDS?

Both the HIV-positive inmate and the medical care provider face emotional and medical dilemmas that, in the end, may have no single correct answer.

As is the case with inmates with other medical problems, we have found that rigid rules are rarely helpful. Instead, guidelines can be developed to help define the goals of therapy. Both the inmate and the provider face emotional and medical dilemmas that, in the end, may have no single correct answer.

Inmates with HIV will continue to challenge medical care programs at correctional facilities, particularly in areas of heavy HIV prevalence. Teaching prevention to noninfected inmates will continue to challenge educators. It is our philosophy that only through a teamwork strategy, with support of the administration, can the issues of treatment, education, and prevention be adequately addressed and the goals of our program be met.

For additional information, contact Mary Krug, Monmouth County Correctional Institution, telephone (908)866-3651.

Further Reading

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GAINS Center Aims to Improve Mental Health and Substance Abuse Services in Justice Systems

by Henry J. Steadman, Ph.D., and Joseph J. Cocozza, Ph.D., Policy Research, Inc., Delmar, New York

The National GAINS Center for People with Co-Occurring Disorders in the Justice System was established in September 1995. The Center is a national locus for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system.

The Center gathers information designed to influence the range and scope of mental health and substance abuse services provided in the justice system, tailors these materials to the specific needs of localities, and provides technical assistance to help hem plan, implement, and operate appropriate, cost-effective programs.

The GAINS Center is a federal partnership between two offices within the Substance Abuse and Mental Health Services Administration (SAMHSA) -the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS)-and the National Institute of Corrections (NIC). Policy Research, Inc., operates the center through a cooperative agreement with the federal partners. The cooperative agreement is administered by NIC. The Louis de la Porte Florida Mental Health Institute at the University of South Florida is a collaborating institution in the GAINS Center' s efforts.

Why the GAINS Center is Needed

People with co-occurring disorders who come to the attention of the justice system often have been poorly served by fragmented mental health and substance abuse services in the community. A lack of knowledge about mental health and substance abuse disorders on the part of criminal justice, mental health, and substance abuse staff may lead to inadequate or inappropriate care within the justice system. Without appropriate treatment, the individual's symptoms may worsen, causing disruptive behavior that jeopardizes justice operations and the individual's adjustment to the institution or community.

There is a growing body of research and program information that can help localities treat and manage people with co-occurring disorders in jails, prisons, and community corrections settings. The GAINS Center gets the right kinds of information into the right hands.

What the GAINS Center Does

The primary focus of the GAINS Center is providing practical assistance to help communities design, implement, and operate integrated systems of mental health and substance abuse services for individuals in the justice system. Emphasis is on serving individuals at all stages of the justice system. The Center gives special attention to the needs of women and juveniles and seeks the active involvement of consumers and family members.

GAINS Center staff collaborate with national experts, policy makers, practitioners, researchers, consumers, and family members to gather the best available information on the coordination of mental health and substance abuse services in criminal justice settings. The Center uses this information to promote effective solutions that can be put to immediate use.

In particular, the Center:

- Helps communities identify gaps in services and develop integrated approaches to respond more effectively to people with co-occurring disorders in the justice system;

- Provides targeted technical assistance through the use of national and local experts who will assist communities that wish to implement interventions such as uniform screening and assessment procedures, jail diversion programs, and cross-training activities;

- Convenes coalitions of noted experts, policy makers, practitioners, researchers, consumers, and family members from the mental health, substance abuse, and criminal justice fields to define new directions and strategies;

- Provides a comprehensive database for easy access to empirical research descriptions of innovative programs and a listing of experts and other key resources; and

- Fosters new policies on key issues affecting the treatment and management of people with co-occurring disorders in the justice system.

Regional Forums Examine Strategies for Jails

The GAINS Center sponsored three regional forums across the country between June 1996 and January 1997. Thirty-three jurisdictions sent teams of three to seven members to discuss ways in which barriers between the criminal justice, mental health, and substance abuse systems can be reduced and to create specific plans for agencies to collaborate and integrate their services.

The forums created consensus around four general principles (see box). These principles are useful reminders of the positive benefits that can result from the cross-agency, multi-system dynamics that characterized the forums.

The regional forums also motivated a number of participating jurisdictions to develop or implement a variety of local initiatives targeted at individuals with co-occurring disorders involved with the justice system.

Following are several examples of recent jail-related initiatives:

Duval County, Florida-Accom-plishments include:

- Formal linkages between the jail mental health program and community-based mental health providers to improve the transition of inmates from the jail to the community.

- A Pre-booking Diversion Specialist position at the jail with the responsibility to identify and divert eligible detainees with mental health disorders into community-based treatment.

The four principles are:

1. Creating opportunities for multiple system participation is crucial to accomplishing real change at the local level on issues of co-occurring mental health and substance abuse services in criminal justice systems.

2. Integration of mental health and substance abuse services is an important ultimate goal, but intermediate steps of improved cooperation, collaboration, and coordination can produce significant improvement.

3. Jails are excellent starting points for developing services for persons with co-occurring mental health and substance disorders by linking community-based services with jail-based programs and procedures.

4. Services for women and juveniles require special attention because of especially severe deficits in meeting the needs of these two groups.

- Five publicly funded police beds for substance abuse detoxification and mental health stabilization.

- A dual diagnosis cross-training program for all publicly funded substance abuse treatment programs, mental health case management systems, including jail medical, mental health, corrections, and police personnel.

Sonoma County, California - The participating team:

- Is continuing efforts to identify funding for the Dual Diagnosis Case Management Model. The model will allow eligible inmates to be diverted to community-based treatment under the supervision of a case management team.

- Is examining the county's existing Drug Court to incorporate the Case Management model.

Wicomico County, Maryland - Developments include:

- The county is working to implement a Mobile Crisis Unit, staffed by professionals with varied expertise to respond to offenders with co-occurring disorders.

- The State Mental Hygiene Administration has submitted a proposal to SAMSHA requesting funds to implement a pre- and post-booking diversion program. The proposed project focuses on gender-specific services.

Second Year Priorities: Women and Juveniles

Research and program data, combined with feedback from initial sites, have suggested that the special needs of women and juveniles with co-occurring disorders in the criminal justice system require more attention. Therefore, during 1997, the GAINS Center will continue to focus on the needs of women, while expanding priorities to include a new focus on the needs of juveniles.

The GAINS Center has already initiated an effort with the Council of Juvenile Correctional Administrators (CJCA) funded by the Office of Juvenile Justice Delinquency Prevention (OJJDP) to develop a series of national performance-based standards for juvenile detention and correction facilities throughout the country. Through the GAINS Center, a group of leading mental health, substance abuse, and juvenile justice experts was convened to help develop standards for responding to juveniles with mental health and substance abuse disorders.

In addition, the Center is planning the following activities:

- The convening of a 1997 workshop highlighting new models and directions across the country for evaluating, diverting, treating, and providing community-based services to youth with co-occurring mental health and substance abuse disorders involved with the justice system;

The GAINS Center has begun to develop national performance-based standards for responding to juveniles with mental health and substance abuse disorders.

- The development and distribution of data and public education information about the needs of youth with co-occurring disorders in the juvenile justice system; and

- The development of a strategy for involving youth and their families in the identification of needed services and directions to better meet their needs.

To find out how the GAINS Center can help you address the needs of people with co-occurring disorders in your facility, contact the GAINS Center, Policy Research, Inc., 262 Delaware Avenue, Delmar, New York, 12054; telephone (800) 311-GAIN. ■

Recommended Reading

Audits of Podular Direct-Supervision Jails. **Jay Farbstein, Dennis Liebert, and Herbert Sigurdson. U.S. Dept. of Justice, National Institute of Corrections (Washington, DC). 1996. 64 p.**
Three facilities varying in size and region were audited to measure the state of the art in podular direct-supervision jails, to test how well direct supervision is performing, and to point out its strengths and challenges. Staff and inmates in facilities in Minnesota, Florida, and Massachusetts were surveyed on issues such as safety and security, effective supervision of inmates, classification, staffing and training, and design and environment. Findings are presented in detail by facility. Floor plans are included for all units.

The Intermediate Sanctions Handbook: Experiences and Tools for Policymakers. **Peggy McGarry and Madeline M. Carter. National Institute of Corrections (Washington, DC). 1993. 155 p.**
This handbook offers the collective expertise and experience of those who participated in training and technical assistance via the Intermediate Sanctions Project, co-sponsored by the State Justice Institute and the National Institute of Corrections. The handbook serves as a planning resource for the development of more effective systems of intermediate sanctions. Chapters containing exercises and discussion outlines address key steps in the intermediate sanctions process from getting started to marketing.

Fees Paid by Jail Inmates: Findings from the Nation's Largest Jails. **LIS, Inc. U.S. Dept. of Justice, National Institute of Corrections Information Center (Longmont, CO). 1997. 22 p.**
A survey of large jails confirmed that the charging of jail inmate fees is prevalent and increasing. Inmates are most commonly charged fees for medical care and participation in work release programs. Fees were also reported for per diems; services such as bonding, telephone use, and haircuts; and participation in programs such as weekend incarceration, electronic monitoring, and substance abuse treatment. The survey details data on fees imposed, revenues collected, and where the fees are credited. A table also details statutory authority for charging jail fees, by state.

Women in Jail: Classification Issues. **Tim Brennan and James Austin. U.S. Dept. of Justice, National Institute of Corrections (Washington, DC). 1997. 40 p.**
The authors note that the need for improved objective classification systems for female jail inmates has gained importance because of increasing numbers of women being incarcerated, litigation, and weaknesses in current classification systems. This publication examines issues related to the classification of female jail inmates and is intended to aid in the design and implementation of new systems. It profiles the female inmate population and discusses problems associated with using a single, gender-neutral classification system for both male and female inmates as opposed to a system designed specifically for women.

Women in Jail: Facility Planning Issues. **Gail L. Elias and Kenneth Ricci. U.S. Dept. of Justice, National Institute of Corrections (Washington, DC). 1996. 17 p.**
This publication points to issues specifically related to female inmates that should be considered when planning a new jail. It profiles the female population and discusses the special facility, programming, and health

Single copies of these documents may be requested by contacting the NIC Information Center at (800) 877-1461 or sending your request to 1860 Industrial Circle, Suite A, Longmont, Colorado, 80501.

needs of this population. Sections address the needs assessment, pre-architectural programming, and design phases of facility development. Illustrations depict various approaches to facility and housing area design. Throughout, the authors provide specific questions and discussion points that target issues relevant to female populations and their management.

Women in Jail: Legal Issues. **William C. Collins, J.D., with Andrew W. Collins. U.S. Dept. of Justice, National Institute of Corrections (Washington, DC). 1996. 40 p.**

This document provides an overview of the female inmate population, reviews the major legal issues related to female inmates in jails, and identifies trends in litigation involving female inmates. The authors review significant caselaw related to female offenders. Legal issues discussed include equality of programs, services, and facilities for women; cross-gender supervision; medical care; sexual harassment; and access to courts. An appendix provides general background on the courts' involvement with corrections.